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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

NOV 22 2024

UNITED STATES DISTRICT COURT

for the

Western District of Pennsylvania

Pittsburgh DivisionCLERK, U.S. DISTRICT COURT
FOR THE WESTERN DISTRICT
OF PENNSYLVANIADENNIS ALLEN HAIRSTON

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

"SEE ATTACHED"

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

2:24-cv-1600

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

DEFENDANT(S)

PRIMECARE Medical INC

COUNTY OF BUTLER, PA

WARDEN DEMORE

WARDEN SNEDDON

DEPUTY WARDEN J. PASSARELLI

DIRECTOR OF NURSING KENNY LOY

JURY TRIAL DEMANDED

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

DENNIS HAIRSTON

All other names by which
you have been known:

NEWT

ID Number

#50963-037

Current Institution

FDC PHILADELPHIA

Address

P.O BOX 562

PHILADELPHIA PA 19105
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

PRIMECARE MEDICAL INC.Job or Title (*if known*)LEGAL DEPARTMENT

Shield Number

Employer

PRIMECARE MEDICAL INC.

Address

3940 LOCUST LANE

HARRISBURG PA 17109
City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name

COUNTY OF BUTLER, PAJob or Title (*if known*)MUNICIPAL ATTORNEY

Shield Number

Employer

BUTLER COUNTY SOLICITOR OFFICE

Address

124 WEST DIAMOND STREET

BUTLER PA 16001
City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name

(FIRSTNAME UNKNOWN) DEMORE
WARDEN

Job or Title (if known)

Shield Number

Employer

BUTLER COUNTY PRISON
202 S. WASHINGTON STREET
BUTLER PA 16001
City State Zip Code

Address

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name

(FIRSTNAME UNKNOWN) SNEDDON
WARDEN

Job or Title (if known)

Shield Number

Employer

BUTLER COUNTY PRISON
202 S. WASHINGTON STREET
BUTLER PA 16001
City State Zip Code

Address

☐ Individual capacity ☒ Official capacity

"SEE ATTACHED"

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

SEE ATTACHMENT

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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DEFENDANT No. 5.

NAME

J. PASSARELLI

Job or Title

DEPUTY WARDEN

Shield Number

Employer

BUTLER COUNTY PRISON

Address

202 S. Washington St

BUTLER PA 16001

☒ INDIVIDUAL CAPACITY ☒ OFFICIAL CAPACITY

DEFENDANT No. 6

NAME

KENNY LOY

Job or Title

DIRECTOR OF NURSING

Shield Number

Employer

PRIMECARE Medical INC.

Address

202 S. Washington St

BUTLER PA 16001

☒ INDIVIDUAL CAPACITY ☒ OFFICIAL CAPACITY

II. BASIS FOR JURISDICTION

B. Amendment XIV. Section 1 . . . NOR shall ANY state deprive ANY person of life, liberty, or property, without due process of law; NOR deny to ANY person within it's jurisdiction the equal protection of the law.

Amendment I. Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; OR abridging the freedom of speech, or of the press, OR the right of the people peaceably to assemble, AND to petition the Government for a redress of grievances

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

SEE ATTACHMENT

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

U.S DISTRICT COURT IN PITTSBURGH 9/15/23 & 9/21/23

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

WITHIN BUTLER COUNTY PRISON ON MARCH 2023 UNTIL
OCTOBER 2023.

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II. BASIS FOR JURISDICTION

D.

1) PRIMECARE MEDICAL INC. - KNOWINGLY ENTERED INTO A LUCRATIVE BUSINESS ARRANGEMENT WITH THE COUNTY OF BUTLER, PA AS IT'S LOCAL JAILS HEALTHCARE PROVIDER FULLY AWARE THAT THE TERMS AND/OR CONDITIONS REVOLVING AROUND INDIVIDUAL INMATES WHOM SUFFERED FROM SEVERE RESPIRATORY ISSUES WAS TO INTENTIONALLY LEAVE THEM (ME) AT RISK DEFENSELESS IN DIRE NEED TO BREATHE BY PREVENTING ASTHMA INHALATION PUMPS FROM BEING KEPT ON PERSON.

2) COUNTY OF BUTLER, PA - CREATED, ENDORSED, ENFORCED AND/OR ALLOWED A POLICY OR PRACTICE TO EXIST WITHIN AN AGREED UPON CONTRACT WITH PRIMECARE MEDICAL INC WHERE IT'S INSTITUTIONS RESIDENTS/MEDICALLY DEPENDANT PATIENTS WITH A RESTRICTIVE LUNG DEFECT COULD EASILY END UP IN A SPUR OF THE MOMENT LIFE THREATENING MATTER REQUIRING THEIR PRESCRIBED ASTHMA INHALERS YET WERE PROHIBITED FROM HAVING 24 HOUR ACCESS TO LITERALLY THE ONLY THING IN THE WORLD THAT WOULD OFFER RELIEF MAKING IT NOT SO IMPOSSIBLE TO BREATHE.

3) WARDEN DEMORE - CONTINUED TO OVERSEE THE FULFILLMENT OF THE CUSTOMARY RULE WITHHOLDING PERTINENT MEDICATION FROM DETAINEE'S LIKE MYSELF THAT CANNOT PROPERLY BREATHE WITHOUT THE SUPPORT OF THE DEVICE WHICH SUPPLIES AIR INTO MY

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LUNGS. ALTHOUGH BEING THE ULTIMATE DECISION MAKER THROUGHOUT BUTLER COUNTY PRISONS CHAIN OF COMMAND WELL INFORMED OF ITS CONSEQUENCES WARDEN DEMORE CHOSE TO DO NOTHING REVERSING THOSE GOVERNING ACTIONS. AS AN EXAGGERATED MEANS TO MAINTAIN INTERNAL ORDER WARDEN DEMORE PROMOTED THE INFRINGEMENT UPON COMMUNICATION PROTECTED BY THE RIGHT TO FREE SPEECH SANCTIONING THE SEARCHING TAMPERING WITH AND DESTRUCTION OF CONFIDENTIAL ATTORNEY CLIENT PRIVILEGED LEGAL MAIL OUTSIDE OF MY PRESENCE.

4) WARDEN SNEDDON. - CONTINUED TO OVERSEE THE FULFILLMENT OF THE CUSTOMARY RULE WITHHOLDING PERTINENT MEDICATION FROM DETAINEES LIKE MYSELF THAT CANNOT PROPERLY BREATHE WITHOUT THE SUPPORT OF THE DEVICE WHICH SUPPLIES AIR INTO MY LUNGS. ALTHOUGH BEING THE ULTIMATE DECISION MAKER THROUGHOUT BUTLER COUNTY PRISONS CHAIN OF COMMAND WELL INFORMED OF ITS CONSEQUENCES WARDEN SNEDDON CHOSE TO DO NOTHING REVERSING THOSE GOVERNING ACTIONS. AS AN EXAGGERATED MEANS TO MAINTAIN INTERNAL ORDER WARDEN SNEDDON PROMOTED THE INFRINGEMENT UPON COMMUNICATION PROTECTED BY THE RIGHT TO FREE SPEECH SANCTIONING THE SEARCHING, TAMPERING WITH AND DESTRUCTION OF CONFIDENTIAL ATTORNEY CLIENT PRIVILEGED LEGAL MAIL OUTSIDE OF MY PRESENCE.

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5) DEPUTY WARDEN J. PASSARELLI - ABUSED AUTHORITY USING PERSONAL GRUDGE TO ENSURE THE FREQUENT NEGLECT OF MY CARE AND CUSTODY IN A RETALIATORY MANNER ESTABLISHING A PATTERN FOLLOWED BY HER SUBORDINATES. THE DEPUTY WARDEN OFTEN OVERSAW EACH OF MY 180 GRIEVANCES DENYING ME THE RIGHT TO DUE PROCESS. WITH THE APPROVAL OF HER SUPERIORS WARDEN DEMORE AND WARDEN SNEEDON ACTED AS THE HIGHEST IN CHARGE HAVING DIRECT INPUT AS TO THE FINAL SAY OVER MY MISTREATMENT WHILE HOUSED WITHIN BUTLER COUNTY PRISON.

6) DIRECTOR OF NURSING KENNY LOY - BREACHED HIS DUTY OF CARE BY PERSONALLY DENYING ME MEDICAL ATTENTION INSISTING TO BOTH MEDICAL AND CORRECTIONAL STAFF THAT I NOT BE EXAMINED MISUSING HIS POSITION AS THE HEALTH SERVICES ADMINISTRATOR TO STEP FAR BEYOND THE BOUNDARIES OF HIS EMPLOYER PRIMECARE MEDICAL INC'S PROTOCOL/PROCEDURE AND OVERALL GENERAL STANDARD OF WELFARE WHILE CONTRACTED OUT TO BUTLER COUNTY PRISON.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

"SEE ATTACHED"

D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

"SEE ATTACHED"

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

"SEE ATTACHED"

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

"SEE ATTACHED"

- C. CONSISTENT OCCURENCE THROUGHOUT DAYS/MONTHS MARCH 14, 2023 UNTIL OCTOBER 5, 2023.
- D. I WAS BORN WITH CHRONIC ASTHMA THEN AT AGE 33 ENDED UP IN BUTLER COUNTY PRISON WHERE A POLICY OR CUSTOM HAD ALREADY BEEN ESTABLISHED THAT PREVENTED DETAINEE'S FROM RECEIVING PERSONAL ACCESS TO THEIR MEDICALLY REQUIRED INHALERS. DURING MY 7 MONTHS HOUSED AT THAT FACILITY I WAS FREQUENTLY DENIED MEDICAL TREATMENT/ATTENTION ON NUMEROUS OCCASSIONS AFTER EITHER COMING INTO DIRECT CONTACT WITH OLEORESIN CAPSICUM (OC) SPRAY AND/OR SIMPLY EXPERIENCING SPUR OF THE MOMENT BREATHING COMPLICATIONS. THROUGHOUT THE COURSE OF A NORMAL DAY LEFT SUFFERING WITHOUT ANY FORM OF RELIEF DUE TO THIS HABITUALLY IMPLIMENTED ORDER WHICH ULTIMATELY CAUSED A SUBSTANTIAL RISK TOWARDS MY HEALTH AND OVERALL QUALITY OF LIFE. THE DAY OF MY ARRIVAL THE TWO (2) INHALER I CAME WITH WERE CONFISCATED. I WAS PLACED ON FOUR (4) ALLOWED DAILY AS NEEDED NEBULIZER BREATHING TREATMENTS BY PRIMECARE'S DOCTOR PRIOR TO ANY INITIAL ASSESSMENT.

IN THEORY I WAS TO LET CORRECTIONAL STAFF KNOW WHEN I BEGAN TO EXPERIENCE BREATHING COMPLICATIONS THEN BE ESCORTED TO MEDICAL IMMEDIATELY. I WOULD HAVE TO LITERALLY WAIT HOURS UPON HOURS UNABLE TO BREATHE PROPERLY. MORE OFTEN THAN NOT STAFF DROPPED THE BALL AND I WOULD NEVER RECEIVE MEDICAL ASSISTANCE. BLAME WOULD BE PASSED AROUND AMONGST CORRECTIONAL

AND MEDICAL STAFF AS TO WHICH WERE RESPONSIBLE FOR MAKING CERTAIN THAT I WAS SEEN/TREATED. DETAINEE'S AT NO TIME WHATSOEVER WERE PERMITTED TO TRAVEL, ROAM OR NAVIGATE THROUGH BUTLER COUNTY PRISON WITHOUT AN ESCORT. OUT OF THE 180 GRIEVANCES I FILED WHILE AT BUTLER COUNTY PRISON, 52 INVOLVED COMPLAINING ABOUT MY ASTHMA AND THE LACK OF AN INHALERS EFFECT ON MY HEALTH.

AFTER A MONTH OF RESIDING AT BUTLER COUNTY PRISON IN APRIL THINGS GOT WORSE ONCE I FILED A GRIEVANCE ON A SENIOR OFFICER FOR MALICIOUSLY DISCHARGING HIS HOLSTERED CANISTER OF OC SPRAY JOKING WITH A DETAINEE IN MY PRESENCE PREVIOUSLY HAVING PERSONAL FIRSTHAND KNOWLEDGE OF MY ASTHMA. UPON THE CONCLUSION OF THAT PARTICULAR SITUATION STAFF QUICKLY BEGAN SWEEPING THOSE INCIDENTS UNDER THE RUG BY SHUTTING OFF THE ONLY LINE OF COMMUNICATION TO THE OUTSIDE WORLD WHILE LOCKING DOWN MY UNIT FOR MULTIPLE DAYS..

STAFF CHOSE TO RETALIATE BY NOT FEEDING ME, RAPIDLY REFUSING TO GET/GIVE ME MEDICAL ASSISTANCE ONCE NOTIFIED OF MY URGENT NEED TO BREATHE, ISOLATED ME MAKING IT IMPOSSIBLE TO CREATE RELATIONSHIPS FREQUENTLY REASSIGNING MY ~~HOUSE~~ WITHOUT JUST CAUSE, REMOVED FINANCES OUT OF MY INSTITUTIONAL ACCOUNT SEVERAL TIMES WITHOUT MY AUTHORIZATION, DENIED ME EMPLOYMENT DUE TO A DISABILITY AND FORGED MEDICAL DOCUMENTS FAILING TO TREAT ME

ACCURATELY. MY LEGAL MAIL/PAPERWORK WAS ALSO TAKEN, WITHHELD, TRASHED AND TAMPERED WITH OUT OF MY PRESENCE. THE CONDITIONS WERE TORTUROUS WHERE BRIGHT LIGHTS REMAINED ON INSIDE OF CELLS 24/7, DOORS OPENED ALL DAY FROM APPROXIMATELY 7 AM UNTIL 9 PM, FOGGED WINDOWS UNABLE TO SEE OUTSIDE, FREEZING COLD TEMPERATURES, EXCESSIVE NOISE WHEN COMBINED WITH OTHER FACTORS CAUSED SLEEP DEPRIVATION. THERE WAS A LACK OF STAFF BOTH MEDICAL AND CORRECTIONAL. MY HEALTH WAS NOT TAKEN SERIOUSLY AND WHENEVER I FILED GRIEVANCE THE DEPUTY WARDEN WOULD REPLY INITIALLY THEN ALSO TO MY APPEAL AS WELL LEAVING ALL MATTERS UNRESOLVED. THE MORE GRIPEs I SUBMITTED THE MORE STAFF AT BUTLER COUNTY PRISON TOOK MY COMPLAINTS PERSONALLY ULTIMATELY DISREGARDING MY CARE ALTOGETHER.

IN JUNE SEVERAL CORRECTIONAL MEMBERS WHO IF BY CHANCE HADN'T KNOWN OF MY ASTHMA PRIOR, DID FIND OUT IN THE MOMENT AS I BEGGED AT THE TOP OF MY LUNGS FOR MEDICAL ATTENTION AS I WAS LOCKED IN A CELL WHERE OC SPRAY RECENTLY HAD BEEN DISPERSED, BLEW NON STOP LINGERING HEAVILY IN THE AIR. I SUFFERED FROM A HORRIBLE ALMOST FATAL ASTHMA ATTACK WITHOUT ANY ASSISTANCE. OFFICERS ABANDONED ME AND NONE OF PRIMECARE STAFF EVER SHOWED UP TO ASSESS OR ENSURE MY SAFETY.

IN AUGUST YET AGAIN ANOTHER INCIDENT AROSE.

INVOLVING OC SPRAY BEING RELEASED IN MY PRESENCE WHERE I WAS LEFT STRANDED UNABLE TO BREATHE LOCKED IN A CELL ON A UNIT THAT WAS OVERPOWERED BY TOXIC FUMES. PRIMECARE'S DIRECTOR OF NURSING INSTRUCTED ALL MEDICAL PERSONNEL AND CORRECTIONAL STAFF THAT I WAS NOT TO BE BROUGHT DOWN TO THE MEDICAL DEPARTMENT FOR ASSESSMENT OR TREATED CARE. NURSE KIRSTEN AND NURSE SHYANNE INFORMED ME VERBALLY OF THIS DENIAL OF CARE AT THE MEDICAL DEPARTMENT'S ENTRANCE IN FRONT OF MY ESCORT, CORRECTION OFFICER E. LONG WHO SHARED WITH ME THAT HE ALSO HAS ASTHMA, PEOPLE THAT DON'T WILL NEVER UNDERSTAND & THAT DETAINEES NEED TO BE ABLE TO KEEP THEIR OWN INHALERS. OFFICER CLAUSSE CALLED MEDICAL FOR ME, OFFICER A. PRY CALLED MEDICAL FOR ME, OFFICER REIKICH CALLED MEDICAL FOR ME AND ALL WERE TOLD BY THE DIRECTOR OF NURSING KENNY LOY NO I COULD NOT COME RECEIVE A NEBULIZER BREATHING TREATMENT TAKING IT UPON HIMSELF TO GUARANTEE THAT I WOULD NOT BE ABLE TO BREATHE.

ON SEPTEMBER 15TH I WAS SENT OUT TO A FINAL PRETRIAL CONFERENCE OVER AN HOUR AWAY AT THE UNITED STATES COURTHOUSE IN PITTSBURGH WHERE I SUFFERED AN ASTHMA ATTACK IN OPEN COURT WITHOUT RELIEF. INSTEAD OF BEING TAKEN TO A NEARBY HOSPITAL I WAS DRIVEN OVER A HOUR BACK TO BUTLER COUNTY

PRISON WHERE I RECEIVED ZERO MEDICAL ASSISTANCE.

DESPITE PRIMECARE MEDICAL INC'S STAFF & THE PRISON'S ADMINISTRATION REASSURANCES BOTH VERBALLY AND BY WAY OF RESPONSE IN WRITING ON A GRIEVANCE THAT I WOULD NEVER AGAIN BE SENT OUT TO COURT WITHOUT MY MEDICALLY REQUIRED INHALER; DAY'S LATER ON SEPTEMBER 21ST AT TRIAL IN JUDGE MARILYN J. HORAN'S COURTROOM I BEGAN EXPERIENCING BREATHING COMPLICATIONS WITHOUT AN INHALER WHICH WAS ONLY MADE POSSIBLE AS A CONSEQUENCE PER POLICY PROHIBITING DETAINEE'S PERSONAL ACCESS TO ASTHMA DEVICES THAT HELPS TO BREATHE. ASIDE FROM THE 107 WITNESSES I HAVE LISTED, COURT AND TRIAL TRANSCRIPTS ARE ALSO AVAILABLE AS DIRECT PROOF SUPPORTING THE FACTS IN WHICH I HAVE STATED.

BY THE ADMINISTRATION DENYING ME THE RIGHT TO PRACTICE MY RELIGION OF ISLAM IN GENERAL POP AT BUTLER COUNTY PRISON, WHILE HOUSED UNDER CONDITIONS SOLELY IMPLIMENTED FOR INMATES IN SOLITARY CONFINEMENT WITHIN TYPICALLY FUNCTIONING INSTITUTIONS, THE DEFENDANT ATTEMPTED TO ROB ME NOT ONLY OF MY LIFE PREVENTING ME FROM BREATHING BUT OF MY FAITH ALSO, LEAVING ME HOPELESS ABOUT MY FUTURE. THERE WERE NO HALAL PRODUCTS OFFERED ON THE FACILITIES COMMISSARY IN ORDER FOR ME TO EAT IN ACCORDANCE WITH MY BELIEF. I MADE THE ADMINISTRATION AWARE YET CHANGE DID NOT OCCUR. I WAS DENIED A HOLY KORAN & PRAYER RUG.

EVERY FRIDAY IS THE DAY OF JUMUAH SERVICE WHERE MUSLIMS AROUND THE WORLD CONGREGATE AND PRAY IN UNISON IN ACCORDANCE WITH ALLAH'S (GOD) COMMANDS. THE ADMINISTRATION REFUSED TO ALLOW SUCH PRACTICE OF FAITH EXAGGERATING SECURITY MEASURES DUE TO THE UNOCCUPIED HOUSING UNIT ON THE SAME FLOOR AS MEDICAL AVAILABILITY AND HAVING CAPABLE STAFF TO OVERSEE JUMUAH. MUSLIMS, A RELIGIOUS GROUP OF PEOPLE WERE NOT SANCTIONED TO COME TOGETHER TO COLLECTIVELY PRAY IN ACCORDANCE WITH OUR FAITH BUT SEVERAL OTHER GROUPS OF DETAINEES WERE ACCOMMODATED FOR THEIR SPECIAL VARIOUS NEEDS SUCH AS COGNITIVE SKILLS, BEHAVIORAL DEVELOPMENT COURSES, FINANCIAL LITERACY, PARENTING, GED CLASSES, WORK RELEASE & THE MAT (MAINTENANCE ADDICTION TREATMENT) PROGRAM EACH WHERE A LARGE BODY OF INMATES WERE PERMITTED AT DIFFERENT TIMES UNDER SUPERVISION TO MEET UP FOR LONG PERIODS FOR ESTABLISHED REASONS AUTHORIZED BY THE ADMINISTRATION.

I WAS DIAGNOSED WITH DEPRESSION AND ANXIETY AS A RESULT OF MY CONDITIONS WITHIN BUTLER COUNTY PRISON. I WAS PLACED ON MULTIPLE PSYCH MEDS. AFTER I BEGAN NOTICING MONEY MISSING FROM OUT OF MY ACCOUNT I CONTACTED BONNIE MITCHELL, THE 30 PLUS YEAR SECRETARY OF A FORMER LATE ATTORNEY WILLIAM S. GANN, ASKING FOR HER TO HOLD ALL RECORDS / PERSONAL LOG NOTES DETAILING THE TREATMENT OR LACK THEREOF IN WHICH

I RECEIVED AFRAID THAT IF DISCOVERED THOSE NOTES WOULD BE DESTROYED LIKE LEGAL WORK OF MINE HAD PREVIOUSLY BEEN.

ON THE PENNSYLVANIA STATEWIDE SMARTCOMMUNICATIONS COMPLAINT SERVER/TABLET I SUBMITTED A TOTAL OF 305 SEPARATE PIECES OF DOCUMENTATION: 60 MEDICAL/MENTAL HEALTH SICK CALL SLIPS, 65 INMATE REQUEST FORMS & 180 GRIEVANCES; (8) FINANCES REMOVED WITHOUT CONSENT, (10) INFRINGEMENT UPON ISLAMIC BELIEFS, (14) TAMPERING WITH LEGAL WORK, (33) MEDICALLY RELATED, (37) HARASSMENT/RETALIATION, (52) ASTHMA/NEED INHALER.

ON 4/14/23 ON REQUEST # 15,127,336 MAJOR JUSTIN BAPTISTE GAVE ME SPECIFIC INSTRUCTIONS AS TO THE STEPS IN WHICH I WERE TO FOLLOW WHEN SUBMITTING A GRIEVANCE/COMPLAINT. I FOLLOWED ALL FACILITY RULES.

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WITNESSES;

1	OFFICER (MRS) K. MOCALSKI	26	OFFICER STOJKA
2	OFFICER (MS) KOTOMSKI	27	OFFICER SOMMERVILLE
3	OFFICER (MS) CREDE	28	OFFICER DOUBLE
4	OFFICER (MS) WORTHING	29	OFFICER E. LONG
5	OFFICER (MS) LUECK	30	OFFICER D. DENNY
6	OFFICER (MS) CRAIG	31	COUNSELOR CLAYTON
7	OFFICER (MS) WARNER	32	COUNSELOR K. LONG
8	OFFICER (MS) McCANDLESS	33	COUNSELOR D. GEIBEL
9	OFFICER (MS) VOELP	34	COUNSELOR ZACHERL
10	OFFICER (MS) HUSS	35	SGT BODKIN
11	OFFICER (MS) NEFF	36	CAPTAIN POPINSKI
12	OFFICER (MS) RITZERT	37	MENTAL HEALTH WKR CINDY
13	OFFICER SEATON	38	MENTAL HEALTH WKR LIZ
14	OFFICER BOWMAN	39	MENTAL HEALTH P.A JADE NAYLOR
15	OFFICER REKICH	40	NURSE KIRSTEN
16	OFFICER GORMLEY	41	NURSE SHYANNE
17	OFFICER CHRISTIE	42	NURSE ASHLEY
18	OFFICER DORONDO	43	NURSE NICOLE
19	OFFICER McCLURE	44	NURSE EZMIRELDA
20	OFFICER GEISLER	45	NURSE BETHANNY
21	OFFICER RILEY	46	NURSE ALLISON
22	OFFICER NEIGH	47	NURSE MONICA
23	OFFICER DIETRICH	48	NURSE SHANNON
24	OFFICER QUINN	49	NURSE LUCY
25	OFFICER RATCHEL	50	NURSE CC

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51 NURSE PJ	52 NURSE BONNEY	53 NURSE DAVE
54 NURSE TONYA	55 NURSE KAYLA	56 NURSE CHRISTINE

BUTLER COUNTY PRISON DETAINEE WITNESSES;

57 TODD HILL	80 SUBDE GOODWIN
58 MICHAEL GLENN	81 THOMAS ROMSPECT
59 MICHAEL SHEFFIELD	82 DONALD SNOWDEN
60 DONALD EPPS	83 DARRYL CRAIG
61 GERALD DAVIS	84 RICHARD D JAMES
62 MARK COOK	85 CAMERON BIVENS
63 SHANE YOUNG	86 CHAD CAYA
64 RACOCO WILLIAMS	87 JAMES GILMORE
65 EDWARD JOHNSON	88 KALIN STEWART
66 ELIOT GENTRY	89 ZANTAE WELTNER
67 AUTHOR HOYLE	90 KEITH REGES
68 RAVON CROCKETT	91 ERIC SCHOLL
69 DARNELL MANSON	92 JAMES HASLETT
70 MICHAEL BUCHANAN	93 BRANDON GEIST
71 EVAN ANDREWS	94 BYRON MCCRAE
72 DONALD WARE	95 KENYETTA JONES
73 JUSTIN BAILEY	96 RODERICK FERGUSON
74 YADELL JONES	97 DARNELL WYNN
75 KENNETH GAINES	98 KHALIF RIPPY
76 KAYLOR BROWN	99 AUBREY FOOSE
77 ANTOINE L TATE	100 MALCOLM HOWARD
78 RAMIRO N BARRIOS	101 BRADLEY J HARRIETT
79 PARIS CARTER	102 ADAM BABANGIDA

PAGE 5 OF 11 CONTINUED GOV'T WITNESSES

- 1) FOR THE WESTERN DISTRICT OF PENNSYLVANIA
(#103) UNITED STATES DISTRICT COURT JUDGE;
MARILYN J. HORAN
- 2) ASSISTANT UNITED STATES ATTORNEY;
(#104) SHAUN E. SWEENEY
PA ID No. 53568
- 3) ASSISTANT UNITED STATES ATTORNEY;
(#105) BRENDAN J. MCKENNA
PA ID No. 314315
- 4) CRANBERRY TOWNSHIP POLICE DEPARTMENT;
(#106) OFFICER SCOTT MONROE

CODEFENDANT AS WITNESS

- 1) COREY POLLARD
(#107)

* 107 TOTAL WITNESS COUNT *

CLAIMS bearing responsibility:

- COUNT 1; CIVIL CONSPIRACY - ALL DEFENDANTS.
- COUNT 2; Failure to protect - ALL DEFENDANTS.
- COUNT 3; Failure to accommodate - ALL DEFENDANTS.
- COUNT 4; Failure to alter policy - ALL DEFENDANTS.
- COUNT 5; Deliberate Indifference - ALL DEFENDANTS.
- COUNT 6; Psychological trauma - ALL DEFENDANTS.
- COUNT 7; Negligent infliction of emotional distress -
ALL DEFENDANTS.
- COUNT 8; AMERICANS WITH DISABILITIES ACT - ALL DEFENDANTS
- COUNT 9; Failure to investigate grievance - WARDEN
DEMORE, WARDEN SNEDDON, DEPUTY WARDEN J.
PASSARELLI & DIRECTOR OF NURSING KENNY LOY.
- COUNT 10; UNAUTHORIZED REMOVAL OF FUNDS - County of
Butler, PA, WARDEN DEMORE, WARDEN SNEDDON
& Deputy WARDEN J. PASSARELLI.
- COUNT 11; FIRST AMENDMENT OBSTRUCTION - County of
Butler, PA, WARDEN DEMORE, WARDEN SNEDDON
& Deputy WARDEN J. PASSARELLI.
- COUNT 12; VICARIOUS LIABILITY - PRIMECARE Medical Inc.
- COUNT 13; MUNICIPAL LIABILITY - County of Butler, PA.
- COUNT 14; Failure to comply with Primecare protocol -
DIRECTOR OF NURSING KENNY LOY.
- COUNT 15; INTENTIONAL REFUSAL TO PROVIDE HEALTHCARE
DIRECTOR OF NURSING KENNY LOY.
- COUNT 16; HARASSMENT - Deputy Warden J. Passarelli
& Director of Nursing Kenny Loy.
- COUNT 17; Religious Land Use & Institutionalized
Persons Act of 2000 - County of Butler, PA,
WARDEN SNEDDON AND Deputy WARDEN J.
PASSARELLI.

V. INJURIES

FINANCIAL LOSS, DENIED OPPORTUNITY TO PRACTICE RELIGION, LIGHTHEADEDNESS, DIZZINESS, PARANOIA, CHEST/LUNG PAIN, INSOMNIA, SHAME, FRIGHT, CHAGRIN, HUMILIATION, SORROW, NERVOUSNESS, IMPAIRED BREATHING, DEPRESSION, ANXIETY, AND ASTHMA ATTACKS. I WAS PLACED ON PSYCH MEDICATION.

VI. RELIEF

PRIMECARE MEDICAL INC	# 3,333,333. ³³
COUNTY OF BUTLER, PA	# 3,333,333. ³³
WARDEN DEMORE	# 3,333,333. ³³
WARDEN SNEDDON	# 3,333,333. ³³
DEPUTY WARDEN J. PASSARELLI	# 3,333,333. ³³
DIRECTOR OF NURSING KENNY LOY	# 3,333,333. ³³

ASTHMA IS A GLOBALLY RECOGNIZED DISEASE, AILMENT, CONDITION & OR ILLNESS THAT DESERVES A MUCH GREATER LEVEL OF CONSIDERATION THAN WHAT WAS PROVIDED TO ME BY THE ABOVE NAMED DEFENDANTS. FOR 7 CONSECUTIVE MONTHS I FEARE, FOR MY LIFE STRUGGLING TO BREATHE EVERY SECOND OF EVERY SINGLE DAY AND AM ENTITLED TO HANDSOME COMPENSATION FOR ENDURING SUCH TORTUROUS BEHAVIOR BY THOSE WHO WERE EMPLOYED WITH THE DUTY OF ENSURING MY IMMEDIATE SAFETY WHILE IN THEIR CARE.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

BUTLER COUNTY PRISON

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

ALL

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

SMART COMMUNICATIONS TABLET AT BUTLER COUNTY PRISON.

2. What did you claim in your grievance?

MANY TIMES MONEY TAKEN OUT MY ACCOUNT W/O CONSENT.
TAMPERING WITH LEGAL MAIL, DENIED ISLAMIC SERVICE.
INADEQUATE MEDICAL CARE, CAN'T BREATHE, NEED INHALER.

3. What was the result, if any?

DENIED RESOLUTION.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Filed 180 GRIEVANCES & APPEALED TO HIGHEST LEVEL.

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

FEARING FOR MY LIFE.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

EACH CORRECTIONAL & MEDICAL STAFF LISTED AS WITNESSES.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Request All 305 documents I filed At BCP be subpoenaed.
 (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: November 15, 2024

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Dennis Hairston
DENNIS HAIRSTON
50963-037
FDC PHILADELPHIA P.O. Box 562
PHILADELPHIA PA 19105
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Requesting court appointed counsel.

City State Zip Code

Telephone Number

E-mail Address